

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|--|---|------------------|---------------------------|
| 1 Date of Request: <u>08/30/06</u> | | 2 Serial/Patent # <u>10/791,249</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> Filing | | | | \$ |
| <input type="checkbox"/> Amendment | | | | \$ |
| <input type="checkbox"/> Extension of Time | | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ |
| <input checked="" type="checkbox"/> Petition | | | <u>07/31/06</u> | \$ 750.00 |
| <input type="checkbox"/> Issue | | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ |
| <input type="checkbox"/> Maintenance | | | | \$ |
| <input type="checkbox"/> Assignment | | | | \$ |
| <input type="checkbox"/> Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>750.00</u> | |
| 8 TO BE REFUNDED BY: | | | | |
| 10 REASON: | | <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 5 0 -- 3 3 4 5 | | |
| Petition to revive was withdrawn prior to a decision being rendered | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: | | <u>Frances Hicks</u> | | TITLE: Petitions Examiner |
| SIGNATURE: | | <u>Frances Hicks</u> | | PHONE: Ext. 23218 |
| OFFICE: | | Office of Petitions | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | |
| APPROVED: | | <u>B Kelly</u> | | |
| | | DATE: <u>8/30/06</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B